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TO: Commissioner for Patents
FAX NO.: 703-872-9302
FROM: Keith Taboada, Esq.
DATE: October 8, 2003
MATTER: Serial No. 09/865,852 Filed: May 24, 2001
DOCKET NO.: AMAT/5367/CMP/RKK
APPLICANT: Smith

The following has been received in the U.S. Patent and Trademark Office on the date of this facsimile:

☐ Petition
☐ Disclosure Statement & PTO-1449
☐ Priority Document
☐ Drawings (sheets) informal
☐ Amendment
☒ Response to Office Action (13 pages)

☒ Transmittal Letter (2 copies)
☐ Fee Transmittal (2 copies)
☐ Deposit Account Transaction
☒ Facsimile Transmission Certificate
dated October 8, 2003

CERTIFICATE OF TRANSMISSION UNDER 37 C.F.R. §1.8

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Allyson M. DeVesty
Name of person signing this certificate

Allyson M. DeVesty 10-8-03
Signature and date

PTO/SB/21 (08-00)

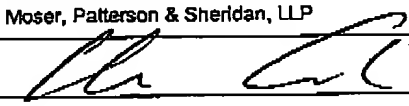
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/865,852
	Filing Date	May 24, 2001
	First Named Inventor	Smith
	Group Art Unit	3723
	Examiner Name	Robert A. Rose
Total Number of Pages in This Submission	Attorney Docket Number	AMAT/5367/CMP/RKK

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response (13 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		It is believed no fee is due. However, in the event a fee is due, kindly charge that fee to Deposit Account No. 20-0782. To facilitate that charge, a duplicate copy of this letter is enclosed.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Kelth Taboada, Esq. Moser, Patterson & Sheridan, LLP
Signature	
Date	October 8, 2003